#### Healthy Girls Initiative 2017/2018

Letter of Intent (LOI)/Request for Proposal Screen Shots

If the agency has already entered information into e-CImpact <u>for any other purpose</u> you do not have to "create an e-CImpact account". All that needs to be done is to enter the <u>User</u> <u>Name</u> and <u>Password</u>. If you have forgotten either the user name or password contact Gail L. McCarthy at <u>gmccarthy@unitedwaygmwc.org</u>



If you have *never* entered any information into e-CImpact before then a new account will need to be created by clicking on "<u>Click here to create a new e-CImpact account</u>". (Go to Page 11)

Note: The person who is indicated in e-CImpact as the "main contact" will receive several emails as part of this process. We apologize for this, but they are system generated emails and this cannot be changed. We've included some of them within the screen shot instruction document. **Note:** The person who receives the emails may not be the one who is filling out the forms in e-CImpact, if they are not listed as the main contact.

e-CImpact Link: <u>https://agency.e-cimpact.com/login.aspx?org=53255u</u>

#### Completing the LOI/Request for Proposal-Healthy Girls Initiative – 2017 If an e-CImpact account is already in place

Begin by entering the User Name and	d <b>Password</b> :
United Way	United Way of Greater Milwaukee & Waukesha County
Community Impact Management AGENCY SITE	UNITED WAY OF GREATER MILWAUKEE & WAUKESHA COUNTY Sign-n Please sign in to your account. User Name Password Sign in to our Secure Server Forgot your password?

On the next screen click on "Special Grants-LOI/Request for Proposal-Healthy Girls Initiative-2017 LOI"



Click the arrow for the drop down box to choose the program you are applying for.

United Way	United Way of Greater Milwaukee & Waukesha County
Special Grants	
Ol/Request for Proposal - Healthy Girls Initiative	e - 2017 LOI
Center for Youth Development (Sample Agency)	
Please go to the following website for	Assign Programs to this
information about the Healthy Girls Inititative Grant. <u>https://www.unitedwaygmwc.org/Healthy-</u> <u>Girls-Initiative-Grant</u>	Please select a program from the drop-down menu below. If there who drop- down box, please select the link to create a new program.
Grant must be submitted by 4:30pm on March 6th.	Select a Program:
	😁 Create a new Program and Assign it to this
	View Printable Version of this Entire

After choosing the program name click on "Assign Selected Program to this"

If the program name is not listed click on "Create a new Program and Assign to this"

## When creating a new program the following information is required:

Please complete	the fields below to register a new program.
Fields mark	ed with an * are required fields.
Program Inform	ation
Program Name:*	Healthy Girls-Marking Proud Choices
	Limit up to 150 characters (35 used).
Description:	Healthy Girls program
	Limit up to 1500 characters (21 used)
Program Primary	
Contact:	John E. Doe 🗸
Address Type: Address Line 1: Address Line 2: City:	Main  225 West Vine Street Milwaukee
State:	Wisconsin
Zip Code:	S3212
Zip Code:	53212
Tip Code:	Wisconsin V 53212 Work V
Tate: Zip Code: Comail Address mail Type: mail Address:	Wisconsin V 53212 Work V gmccarthy@unitedwaygmwc.org
State: Zip Code: mail Address mail Type: mail Address:	Wisconsin       53212       Work       gmccarthy@unitedwaygmwc.org
State: Zip Code: mail Address mail Type: mail Address: Phone Number	Wisconsin       53212       Work       gmccarthy@unitedwaygmwc.org
Zip Code: <b>Email Address</b> mail Type: mail Address: Phone Number hone Type:	Wisconsin       53212       Work       gmccarthy@unitedwaygmwc.org       Work
Tate: Zip Code: mail Address mail Type: mail Address: hone Number hone Type: hone Number:	Wisconsin V 53212 Work V gmccarthy@unitedwaygmwc.org Work V (414) 263-8123
State: Zip Code: mail Address mail Type: mail Address: Phone Number hone Type: hone Number:	Wisconsin   53212     Work   gmccarthy@unitedwaygmwc.org     Work   (414) 263-8123
State: Zip Code: mail Address mail Type: mail Address: Phone Number hone Type: hone Number:	Wisconsin 53212 Work gmccarthy@unitedwaygmwc.org Work (414) 263-8123 2 Registration

When information has been completed click on "Save/Complete Registration"

#### Whether assigning a program or creating a new program Completing the remainder of the LOI



#### **Review and Complete Registration:**

Review and complete the registration. If corrections are needed click on "<u>Previous</u>", if the registration is complete click on "<u>Complete Registration</u>"

Review and submit your ree	quest. Review the information below, then click "Complete Registration".
Program Name:	Healthy Girls-Marking Proud Choices
Request For Participation In:	Healthy Girls Initiative - 2017 LOI
	Healthy Girls Initiative 2017 Letter of Intent
Healthy Girls	
Healthy Girls Has the governing board o social or economic class, g	of your organization approved a policy that states the organization does not discriminate based on ender, gender identity, age, sexual orientation and identification, disability, special health care needs,
Healthy Girls Has the governing board o social or economic class, go race or religion?	of your organization approved a policy that states the organization does not discriminate based on ender, gender identity, age, sexual prientation and identification, disability, special health care needs,
Healthy Girls Has the governing board of social or economic class, go race or religion? Yes	of your organization approved a policy that states the organization does not discriminate based on ender, gender identity, age, sexual orientation and identification, disability, special health care needs,
Healthy Girls Has the governing board of social or economic class, go race or religion? Yes Has your organization bee for at least one year?	of your organization approved a policy that states the organization does not discriminate based on ender, gender identity, age, sexual orientation and identification, disability, special health care needs, n operating as a 501(c)3
Healthy Girls Has the governing board of social or economic class, ge race or religion? Yes Has your organization bee for at least one year? Is your organization willing or in-kind match?	of your organization approved a policy that states the organization does not discriminate based on ender, gender identity, age, sexual orientation and identification, disability, special health care needs, n operating as a 501(c)3 fes g to provide a 25% funding Yes
Healthy Girls Has the governing board of social or economic class, ge race or religion? Yes Has your organization bee for at least one year? Is your organization willing or in-kind match? Does the population you so	of your organization approved a policy that states the organization does not discriminate based on ender, gender identity, age, sexual prientation and identification, disability, special health care needs, n operating as a 501(c)3 /res g to provide a 25% funding Yes erve reside in the Greater Milwaukee Area? (Milwaukee, Waukesha, Washington or Ozaukee Counties):

When the registration is complete the screen will change:

Agency Name:	Center for Youth Development (Sample Agency)		
Program Name:	Healthy Girls-Marking Proud Choices		
Request For Participation In:	Healthy Girls Initiative - 2017 LOI		
	Healthy Girls Initiative 2017 Letter of Intent		
Successfully Submitted On:	2/16/2017 3:17:51 PM		
Status:	Approved		
Has the governing board of	of your organization approved a policy that states the organization does not discriminate based or		
Has the governing board of social or economic class, g needs, race or religion? Yes	of your organization approved a policy that states the organization does not discriminate based or ender, gender identity, age, sexual orientation and identification, disability, special health care		
Has the governing board of social or economic class, g needs, race or religion? Yes Has your organization bee for at least one year?	of your organization approved a policy that states the organization does not discriminate based or ender, gender identity, age, sexual orientation and identification, disability, special health care en operating as a 501(c)3 Yes		
Has the governing board of social or economic class, g needs, race or religion? Yes Has your organization bee for at least one year? Is your organization willin or in-kind match?	of your organization approved a policy that states the organization does not discriminate based or ender, gender identity, age, sexual orientation and identification, disability, special health care en operating as a 501(c)3 Yes g to provide a 25% funding Yes		
Has the governing board of social or economic class, g needs, race or religion? Yes Has your organization bed for at least one year? Is your organization willin or in-kind match? Does the population you s Counties):	of your organization approved a policy that states the organization does not discriminate based or ender, gender identity, age, sexual orientation and identification, disability, special health care en operating as a 501(c)3 Yes g to provide a 25% funding Yes serve reside in the Greater Milwaukee Area? (Milwaukee, Waukesha, Washington or Ozaukee		

## An email will be sent to the main contact for the agency (not necessarily the person completing the request):

 dhelmrich@unitedwaygmwc.o... Healthy Girls-Marking Proud Choices Request t... Thu 2/16/2017 3:19 PM
 51 KB

 Dear Gail, Thank you for your interest in Special Grants - LOI/Request for Proposal - Healthy Girls Initiative - 2017 LOI for Healthy

Dear Center for Youth Development (Sample Agency),

Thank you for your interest in Special Grants - LOI/Request for Proposal - Healthy Girls Initiative - 2017 LOI for Healthy Girls-Marking Proud Choices. Your request for application has been received and is pending approval.

We will be in touch with you soon.

Please feel free to contact us if you have any questions.

Thank you,

United Way of Greater Milwaukee & Waukesha County <a href="http://www.unitedwaymilwaukee.org/">http://www.unitedwaymilwaukee.org/</a>

#### A second email will be sent when the application has been accepted:

dhelmrich@unitedwaygmwc.o... Healthy Girls-Marking Proud Choices Request t... Thu 2/16/2017 3:19 PM 51 KB Dear Gail, Thank you for your interest in Special Grants - LOI/Request for Proposal - Healthy Girls Initiative - 2017 LOI for Healthy

Dear Gail,

Thank you for your interest in Special Grants - LOI/Request for Proposal - Healthy Girls Initiative - 2017 LOI for Healthy Girls-Marking Proud Choices. Your request for application has been approved and the application is now ready for you to complete and submit.

Please login to <u>https://agency.e-cimpact.com/login.aspx?org=53255U</u> using your Username and Password. Please notify us immediately if you have any problems logging into the system.

Thank you,

United Way of Greater Milwaukee & Waukesha County http://www.unitedwaymilwaukee.org/

## **Completing the Application:**

#### Click on "Program Information 2017"

Application Status			View Printable Vers	sion of this Entire Application 📥	
Not Started In Progre		Ready To Submit		Submitted	
Item (* indicates Required Item)		Last Updated	Status	Options	
Healthy Girls-Marking Provd Choices			Not Started	🗹 Include? 📥	
Program Information 2017			Not Started		

# Complete the application by filling in the following $\frac{questions}{l}$ :

I/Request for Proposal - Healthy Girls Initia	ative - 2017 LOI
nter for Youth Development (Sample Agen	rcy) - Healthy Girls-Marking Proud Choices
atus: 🥌 Not Started	
rogram Information 2017	
i Fields marked with an * are required fi	īelds.
You may save your work at any time by clic	cking on the "Save My Work" link/icon at the bottom or top of the page.
When you have completed all questions or or top of this page.	n the form, select the Save My Work and Mark as Completed" link/icon at the bottom
You may also SWITCH between forms in th switching forms, any updates to the existir	nis application by using the SWITCH FORMS feature in the upper right corner. When ng form will automatically be saved.
Program Name*	Healthy Girls-Marking Proud Choices
Funding Amount Requested: (may not exceed	d \$50,000)*
Funding Purpose*	
Briefly describe your program's capacity to se	rve populations that are at risk for teen pregnancy and teen sexual violence.*
	<b>★</b>

### Complete the application by filling in the following **<u>questions</u>** (continued)

If your organization is apply	ying for sexual violence prevention funding, please describe the session o	on contraception you will be using.
		^
		<u>_</u>
Limit up to 1500 characters (0 used	d).	
Please provide the name of populations intended to be	and a brief description of the curriculum you will be using. Include any person served by this program.*	proposed adaptations or special
		^
		~
Limit up to 1500 characters (0 used	d).	
Is there anything else you v	vould like to share?	
		~
		~
Limit up to 1500 characters (0 used	4).	
Contact Information		
Primary Contact*	John E. Doe 🗸	
Job Title*		
Primary Email*	gmccarthy@unitedwaymilwaukee.<	
Primary Phone*	(414) 263-8123	
Primary Address*	225 West Vine Street, Milwaukee, Wisconsin , 53212, U.S.A. 🗸	
Save My Work		View Printable Version
Save My Work And Ret	urn To Previous Page	
Save My Work and Mar	k as Completed	
Seturn To Overview Page	ge	

When you have completed the application, click on "Save My Work and Mark as Completed"

Note-Knowing the Links:

- "<u>Save My Work</u>" = saving the work as it is being worked on, stays on the page.
- "<u>Save My Work and Return to Previous Page</u>" = saving the work and leaving the page being worked on to come back later for completion.
- "<u>Save My Work and Mark as Completed</u>" = work is completed and ready to be submitted. If additions/corrections need to be made the page can still be opened.
- "<u>Return to Overview Page</u>" = WARNING clicking on this link will lose all information not saved and the information cannot be retrieved.

#### Complete the application

When the Program Information has been completed you must click on "Save My Work and Mark as Completed" for the Submit link to become "live".

When that has been clicked on the overview page will change:

Application Submission Details Send Submission Confirmat	tion Email To:* gmccarthy@un	itedwaymilwaukee.c	
	Submitted By:	is Application Now!	
pplication Status		View Printable Ver	sion of this Entire Application
Not Started	In Progress	Ready To Submit	Submitted
tem (* indicates Required Item)	Last Updated	Status	Options
lealthy Girls-Marking Proud Choices	2/16/2017 4:27 PM (CS	T) Completed / Ready to Sub	mit 🗹 Include? 📥
rogram Information 2017*	Gail L. McCarthy 2/16/2017 4:27 PM (CTT	Completed / Ready to S	ubmit

To complete this application the "<u>Status</u>" must be in "<u>Completed/Ready to Submit</u>" status. Now click on "<u>Submit/This Application Now!</u>" When the application has been submitted it will become "closed" to any additions or corrections.

The Screen will change to indicate that it has been **<u>submitted</u>**:



#### To Create a <u>NEW e-CImpact Account</u> ONLY if you have not entered information into e-CImpact previously



## Click on: "Click here to create a new e-CImpact/account"

Complete all information:

	United Way of Greater Milwaukee & Waukesha County
United Way of Great	ter Milwaukee & Waukesha County Agency Registration
Fill in the required infe	ormation fields below.
Agency Account Info	ormation
EIN Number:	39-1593578
Agency Name:*	Zinc Center for Improvement (Sample Agency)
Website URL:	https://www.mapquest.com/
Account Informatio	n
Description:	Zinc Center for Improvement works on improving Zinc oxide in the community.
	Limit up to 750 characters (75 used).
Address	
Address Type:*	Main
Address Line 1:*	225 West Vine Street
Address Line 2:	
City:*	Milwaukee
State:*	Wisconsin 🗸
Zip Code:*	53212

#### Email Address

Email Address Type:*	Main	$\sim$
Email Address:*	gmccarthy@unitedwaygmwc.org	

#### Phone Number

Phone Number Type:*	Main	/
Phone Number:*	(414) 263-8123	

#### **Primary Contact Information**

Contact Type:*	Executive Director
First Name:*	Samuel
Middle Initial:	
Last Name:*	Hawk
Company:	Zinc Center for Improvement (Sample Agency
Job Title:	Executive Director

#### **Preferred Login**

Enter your Password then retype the Password to ensure that you have entered it correctly. Your Password must be between 6 and 15 characters in length and contain at least 1 character from 2 of the groups of alpha, numeric, or special characters. Your Password may not contain the following characters: ", %, or any white-space.

Password Examples:

-- abcdefg2 (valid, contains letters and numbers)

-- pa\$\$word (valid, contains letters and numbers) -- 1234567# (valid, contains letters and numbers)

-- abcdefgh (invalid, contains fetters and number -- abcdefgh (invalid, contains only letters)

-- abc23 (invalid, less than 6 characters)

#### Preferred User Name:\* gl

Preferred User Name:*	gImccarthy
Password:*	
Confirm Password:*	

Next

Scancel and Return to Login Page

## On the next screen choose "Healthy Girls Initiative - 2017 LOI"



Answer the following questions:



Healthy Birth Outcomes - LOI	
Fields marked with an * are required fields.	
Please review each question carefully and respond approp	riately.
Is the above agency a 501(c)(3) nonprofit in good standing?**	Yes V
Has the governing board of your organization approved a policy that states the organization does not discriminate based on social or economic class, gender, gender identity, age, sexual orientation and identification, disability, special health care needs, race or religion?*	Yes V
Has your organization been operating as a 501(c)3 for at least one year?*	Yes V
Sancel and Return to Login Page e-CImp nd click on " <u>Continue</u> "	act <sup>™</sup> Community Impact Management © 2017 Powered by Seabrooks.
n the next screen you will be asked	to "Review and submit your request".
United Way	United Way of Greater Milwaukee & Waukesha County
(i) Review and submit your request. Review the i	nformation below, then click "Complete Registration".

When you are certain all information is correct click on "<u>Complete Registration</u>" at the bottom of the page.

Sancel and Return to Login Page

Complete Registration

The next screen will be a "Registration Confirmation Summary" screen.

		United Way		ited Way Greater Milwau Vaukesha Coun	kee ty	
egistration Confirmat	ion Summa					
Thank you, your uccessfully submitted on onfirmation Number: 2	request has : 2/17/2017 a 5059	been submitted. An	e-mail confirmatio	n has been sent to you.		
Print registration sur	nmary					

An <u>email confirmation</u> will be sent to the email address provide in the registration indicating that the registration is "<u>pending approval</u>".

Dear Samuel,

Thank you for registering Zinc Center for Improvement (Sample Agency) with United Way of Greater Milwaukee & Waukesha County. Your registration has been received and is pending approval.

We will be in touch with you soon regarding your application status.

Please feel free to contact us if you have any questions.

Thank you,

United Way of Greater Milwaukee & Waukesha County <a href="http://www.unitedwaymilwaukee.org/">http://www.unitedwaymilwaukee.org/</a>

An email confirmation will be sent indicating your interest in the "<u>Healthy Girls Initiative 2017-</u> <u>LOI</u>".

Dear Samuel,

Thank you for your interest in Special Grants - LOI/Request for Proposal - Healthy Girls Initiative - 2017 LOI for Zinc Center for Improvement (Sample Agency). Your request for application has been received and is pending approval.

We will be in touch with you soon.

Please feel free to contact us if you have any questions.

Thank you,

United Way of Greater Milwaukee & Waukesha County <a href="http://www.unitedwaymilwaukee.org/">http://www.unitedwaymilwaukee.org/</a>

An email will be sent when the agency registration has been <u>approved</u> along with a reminder of the <u>user name</u> associated with the registration.

Dear Samuel,

Thank you for registering Zinc Center for Improvement (Sample Agency) with United Way of Greater Milwaukee & Waukesha County. Zinc Center for Improvement (Sample Agency)'s registration has been approved

Please login to <u>https://agency.e-cimpact.com/login.aspx?org=53255U</u> using the Username and Password you created for yourself during the agency registration process. Then verify that your 'Profile' information is correct. Please notify us immediately if you have any problems logging into the system.

Username: gimccarthy

If you have forgotten your password, please click the 'Forgot my Password' link to have a new one generated and emailed to you.

Thank you,

United Way of Greater Milwaukee & Waukesha County http://www.unitedwaymilwaukee.org/

Finally an email will be sent with the link to complete the "LOI/Request for Proposal"

Dear Samuel,

Thank you for your interest in Special Grants - LOI/Request for Proposal - Healthy Girls Initiative - 2017 LOI for Zinc Center for Improvement (Sample Agency). Your request for application has been approved and the application is now ready for you to complete and submit.

Please login to <u>https://agency.e-cimpact.com/login.aspx?org=53255U</u> using your Username and Password. Please notify us immediately if you have any problems logging into the system.

Thank you, United Way of Greater Milwaukee & Waukesha County http://www.unitedwaymilwaukee.org/

After logging in to the system following the directions beginning on page eight (8) and ending on page ten (10)